

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Facility Information

Facility Name: LONGVIEW TERRACE I (410524)

Address: 3136 LONGVIEW LN, SUAMICO, WI 54173

License Status: REGULAR

Licensed/Certified/Registered 10/01/1998

Regional Office: NORTHEASTERN REGION (GREEN BAY), (920) 448-5240

Survey History

Survey ID: 0096506 **End Date:** 02/07/2006 **Type:** OTHER **Purpose:** VERIFICATION VISIT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007259 Served 03/14/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.07(14)(a)	POSTINGS OF CITATIONS AND NOTICES		
83.11(3)(a)	RESPONSIBILITIES		
83.13(7)(a)	EMPLOYEE PERSONNEL RECORD		
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION		
83.21(4)(g)	FAIR TREATMENT		
83.41(10)(a)	BUILDING MAINTENANCE		
83.53(3)(c)	UNOBSTRUCTED TRAVEL		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Survey ID: 0095870 End Date: 08/24/2005 Type: OTHER Purpose: COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10007216 Served 12/08/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES	02/01/2006	No
83.13(7)(a)	EMPLOYE PERSONNEL RECORD	02/01/2006	No
83.19(1)(d)	PHYSICAL OR MENTAL CONDITION	02/01/2006	No
83.21(4)(c)	TELEPHONE CALLS	02/01/2006	Yes
83.21(4)(g)	FAIR TREATMENT	02/01/2006	No
83.35(12)	PEST CONTROL	02/01/2006	Yes
83.41(10)(a)	BUILDING MAINTENANCE	02/01/2006	No
83.54(3)	STORM WINDOWS AND SCREENS	02/01/2006	Yes

Survey ID: 0093345 End Date: 09/02/2004 Type: OTHER Purpose: VERIFICATION VISIT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0091251 End Date: 10/01/2003 Type: STANDARD Purpose: SURVEY/COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10006899 Served 10/22/2003

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(5)	TRAINING NOT AFFILIATED WITH CBRF	09/02/2004	Yes
83.21(4)(h)	PRIVACY	09/02/2004	Yes
83.32(2)(c)1	ANNUAL EVALUATION-PARTICIPATION	09/02/2004	Yes
83.33(2)(d)	COMMUNITY ACTIVITIES	09/02/2004	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 11/11/2005 **SOD #**10007216 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION
COMPLY WITH REQUIREMENT
PROVIDE TRAINING
FORFEITURE---83.11(3)(a)
FORFEITURE---83.17(7)(a)
FORFEITURE---83.19(1)(d)
FORFEITURE---83.21(4)(c)
FORFEITURE---83.21(4)(g)
FORFEITURE---83.35(12)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

Complaint History

Date Complaint Received: 01/12/2006

Date Investigation Completed: 02/07/2006

Subject Area(s)

ABUSE
MEDICATIONS
ADMINISTRATION
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
SUBSTANTIATED

SOD #

02/07/06

02/07/06

Date Complaint Received: 09/16/2005

Date Investigation Completed: 10/07/2005

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Date Complaint Received: 08/19/2005

Date Investigation Completed: 10/07/2005

Subject Area(s)

RESIDENT RIGHTS
ABUSE
MEDICATIONS
STAFF TRAINING AND PROFICIENCY
PROGRAM SERVICES

Result

SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED
NOT SUBSTANTIATED

SOD #

11/11/05

Date Complaint Received: 07/29/2005

Date Investigation Completed: 08/25/2005

Subject Area(s)

PHYSICAL PLANTS & SAFETY HAZARDS
HOMELIKE ENVIRONMENT & CLEANLINESS

Result

SUBSTANTIATED
SUBSTANTIATED

SOD #

11/11/05
11/11/05

Date Complaint Received: 10/25/2004

Date Investigation Completed: 10/07/2005

Subject Area(s)

RESIDENT RIGHTS

Result

NOT SUBSTANTIATED

SOD #

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.